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Bib Data Sheet

CONFIRMATION NO. 8539

<b>SERIAL NUMBER</b> 09/803,452	<b>FILING DATE</b> 03/08/2001 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 108195.128	
<b>APPLICANTS</b> Archibald I.J. Brain, Surrey, UNITED KINGDOM;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 08/921,169 08/29/1997 PAT 5,878,745 WHICH IS A CON OF 08/609,521 03/01/1996 ABN  <b>** FOREIGN APPLICATIONS *****</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 23483					
<b>TITLE</b> Gastro-Laryngeal Mask					
<b>FILING FEE RECEIVED</b> 1352	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		